Revised December 1974

57304

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE DEPARTMENT OF HEALTH

015-011279

	01003	STATE DEPARTM	ENT OF HEALTH	SFUND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)			HAULER OF WASTE (Must be filled by hauler)	999000832
Name # N I M CO OF HUIT RICIA CODE NO. Pick up Address: (Numera) (SYNEET) (2:14) Telephone Number: (14) 556/4/P.O. or Contract No.: 401496			ASBURY OIL CO. 13419 Halidale Ave., Gardena, California 90249 Phone: (213) 321-1392 Pick Up: 9-18-301	CODE NO.
Telephone Number: (<u>37 3)</u>	SASC/4/P.O. or Contract N	o.: 70/4/0	' '1E	ime:tapm
Order Placed By: 7 HERON Date: 9-17-50			State Liquid Waste Hauler's Registration No. (if applicable):	1.
(Examples: metal plating, equipment cleaning, oil drilling — cool ho. wastewater treatment, pickling bath, petroleum refining)			Job No.:No. of Loeds or Trips: Unit N Vehicle:Vacuum truck / O berrels,	PECIFY)
DESCRIPTION OF WASTE (Must be filled by producer)		The described waste was hauled by me to the disposal facility named below and was accepted.	1
Check type of wastes: 1.	6. Tetraethyl lead sludge 7. Chemical toilet wastes 8. Tank bottom sediment 9. Oil 10. Drilling mud	11. Conteminated soil and sand 12. Cannery waste 13. Latex weste 14. Mud and water 15. Brine	DISPOSER OF WASTE (Must be (itself) A TING INDUSTRIES, INC. Name (print or type): 2425 So. Carried Avg. Site Address: Monterey Park, Calif. 91754	CODE NO.
			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and	
Components: Examples: Hydrochloric acid, lime, caustic soda, behandlics, solvents (list), metals (list), ppm Deganics (list), cyanide) Lower % ppm Handling Method(s): recovery reatment (specify): synchronic gxamples: incineration. Neu disposal (specify): other (specify): other (specify): lif waste is held for disposal elsewhere specify final loc Disposal Date: Disposal Date: lift certify (or declare) under penalty of perjury that the foregoing is true and correct.				ny):
Bulk Volume:	gal 🗌 tons 🤹	barrels (42 gal.) Other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the S Health with monthly fee reports.	State Department of
Containers: (NUMBER)	drums 🗆 cartons 🗆	bags other //// (specify)		
Physical State:	□ solid 🗿 liquid 🙀	sludge other (specify)		
Special Handling Instructions	NONE	ed to a licensed liquid waste hauler (if	J 8	
applicable). I certify (or declare) under pethat the foregoing is true and that	nalty of perjury	E OF AUTHORIZED AGENT AND TITLE	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCE HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 4	424-9300.
BILLING COPY				